

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3100

## CERTIFICATE OF DEATH

03076

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <b>Caroline</b> <b>MARYLAND</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Caroline</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Denton</b>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Denton</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED First <b>Amanda</b> Middle <b>Baynard</b> Last <b>Baynard</b>				4. DATE OF DEATH Month <b>Mar.</b> Day <b>10</b> Year <b>19 60</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>N</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 5, 1890</b>	9. AGE (In years last birthday) <b>69</b> yrs.	IF UNDER 1 YEAR Months <b>10</b> Days <b>19</b> Hours <b>60</b>	IF UNDER 24 HRS. Months <b>10</b> Days <b>19</b> Hours <b>60</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>William Driver</b>				14. MOTHER'S MAIDEN NAME <b>Lettie Potter</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT <b>Lillie Baynard, Denton, Md.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Epidemic gripe</b> <b>443x</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Hypertensive heart disease</b> DUE TO (c) <b>Hypertension</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>10 yr</b> <b>30 yr</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Heniplegia, severe, 1930</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. <b>19</b> p. m.		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>Aug. 2</b> , 19 <b>28</b> , to <b>March 10</b> , 19 <b>60</b> , that I last saw the deceased alive on <b>March 10</b> , 19 <b>60</b> , and that death occurred at <b>6P</b> M, from the causes and on the date stated above.							
ACTUAL SIGNATURE <b>E. Paul Knotts</b>				ADDRESS (Street, city or town, state) <b>Denton, Md.</b>			
PHYSICIAN'S NAME (Type) <b>E. Paul Knotts M.D.</b>				DATE SIGNED			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>Mar. 13, 1960</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Springrove</b>		22d. LOCATION (City, town, or county) (State) <b>Denton, Md.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Knott</b>				ADDRESS <b>Denton, Md.</b>		24a. REC'D BY REGISTRAR DATE <b>MAR 15 '60</b>	
				24b. REGISTRAR'S SIGNATURE <b>Arthur L. Knott</b>			



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute this certificate, writing "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be furnished to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.  
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)  
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3101

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03077

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First <u>Lucy</u> Middle <u>Lee</u> Last <u>Benson</u>		4. DATE OF DEATH Month <u>Mar.</u> Day <u>14</u> , Year <u>19 60</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>unknown</u>
9. AGE (In years last birthday) <u>70</u> yrs.		IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic serv ant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>unknown</u>		14. MOTHER'S MAIDEN NAME <u>Sidney Benson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>(If yes, give war or dates of service)</u>	
17. INFORMANT <u>Lillie Baynard, Denton, Md.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Vascular Heart Disease</u> <u>422.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (b) _____ (a), stating the underlying cause lost. DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <u>Dawson O George</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>DAWSON O. GEORGE</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Mar. 16, 1960</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Springrove</u>		22d. LOCATION (City, town, or county) (State) <u>Denton, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>F. V. Vincent</u>		ADDRESS <u>Denton, Md.</u>	
24a. REC'D BY REGISTRAR <u>MAR 18 '60</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur L. Kneass</u>	
		<u>Arthur L. Kneass</u>	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3109

CERTIFICATE OF DEATH

03078

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <b>Caroline</b> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Caroline</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Rural Ridgely</b>				c. LENGTH OF STAY IN 1b <b>15 Yrs.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>X Rural Ridgely</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>St. Gertrudes Convent</b>				1 d. STREET ADDRESS <b>None</b>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Sister M. Thecla</b> Middle <b>Blum</b> Last				4. DATE OF DEATH Month <b>3</b> Day <b>5</b> Year <b>1960</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>9-23-1901</b>	
				9. AGE (In years last birthday) yrs. <b>58</b>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <b>School Teacher</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13. FATHER'S NAME <b>Bernard Blum</b>				14. MOTHER'S MAIDEN NAME <b>Daria Hesselbach</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Convent Records</b>		Address <b>Rural Ridgely, Md.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL HEMORRHAGE</b> <b>331X</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Hypertension</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <b>48 HRS</b> <b>years -</b>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <b>19</b>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <b>Jan 1955</b> , 19 <b>1955</b> , to <b>Feb 10</b> , 19 <b>1960</b> , that I last saw the deceased alive on <b>Feb 10</b> , 19 <b>1960</b> , and that death occurred at <b>6:36A</b> M, from the causes and on the date stated above.							
ACTUAL SIGNATURE <b>Charles H. Winnacott</b> M.D.				ADDRESS (Street, city or town, state) <b>Ridgely, Md</b> DATE SIGNED <b>3/7/60</b>			
PHYSICIAN'S NAME (Type) <b>Charles H. WINNACOTT M.D.</b>				<b>RIDGELY, Md</b>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>2-8-1960</b>		22c. NAME OF CEMETERY OR CREMATORY <b>St. Gertrudes</b>		22d. LOCATION (City, town, or county) (State) <b>Rural Ridgely, Maryland</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulais Greensboro, Md.</b>				24a. REC'D BY REGISTRAR DATE <b>MAR 9 '60</b>		24b. REGISTRAR'S SIGNATURE <b>William L. Farris</b>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After the death certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD		3109	
CERTIFICATE OF DEATH			
NAME OF DECEASED		GARY, CAROL	
DATE OF DEATH		JAN 15 1964	
PLACE OF DEATH		BALTIMORE, MARYLAND	
AGE		31	
SEX		F	
RACE		W	
EDUCATION		HIGH SCHOOL	
OCCUPATION		Nurse	
MARRIAGE		M	
PREVIOUS ILLNESS		None	
CAUSE OF DEATH		Heart Disease	
MANNER OF DEATH		Natural	
SIGNATURE OF PHYSICIAN		[Signature]	
DATE		JAN 15 1964	
PLACE		BALTIMORE, MARYLAND	
NAME OF REGISTRAR		[Signature]	
DATE		JAN 15 1964	
PLACE		BALTIMORE, MARYLAND	

See also Certificate No. 3109

THIS CERTIFICATE IS VALID FOR THE PURPOSES OF THE MARYLAND DEPARTMENT OF HEALTH AND IS NOT VALID FOR THE PURPOSES OF THE FEDERAL BUREAU OF INVESTIGATION OR THE UNITED STATES DEPARTMENT OF JUSTICE.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 3102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03079

Reg. Dist. No.

<b>1. PLACE OF DEATH</b> a. COUNTY <u>CAROLINE</u> <span style="float: right;">MARYLAND</span> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>DENTON</u> c. LENGTH OF STAY IN 1b <u>30 yrs</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>X DENTON</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If Institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>X DENTON</u> d. STREET ADDRESS <u>1</u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) <u>JESSIE</u> First <u>BROWN</u> Middle <u>BRUNN</u> Last		<b>4. DATE OF DEATH</b> Month <u>MAR</u> Day <u>21</u> Year <u>1960</u>	
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>N</u>	<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>AUG-21, 1907</u>
<b>9. AGE</b> (In years last birthday) <u>52</u> yrs. IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u> IF UNDER 24 HRS.: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u> <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>house</u> <b>11. BIRTHPLACE</b> (State or foreign country) <u>Maryland</u> <b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13. FATHER'S NAME</b> <u>Unknown</u>		<b>14. MOTHER'S MAIDEN NAME</b> <u>NANNIE [Unknown]</u>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>not</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>Willard Brown, Denton, Md.</u>	
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>865X</u> <u>Due to</u> <u>Strangulation</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Burned by and Recognition</u> (c) <u>  </u>		INTERVAL BETWEEN ONSET AND DEATH <u>two minute</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>  </u>			
<b>20a. EXTERNAL CAUSE WAS PRIMARY</b> <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH. <u>Crashing of Jet Into Dwelling</u>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)	
<b>20c. TIME OF INJURY</b> Month, Day, Year Hour <u>1:30</u> a.m. <u>Mar 21</u> 19 <u>60</u> p.m.		<b>20d. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
<b>20e. PLACE OF INJURY</b> (Home, farm, factory, street, office bldg., etc.) <u>Home</u>		<b>20f. (City or town)</b> <u>Denton</u> <b>(County)</b> <u>Caroline</u> <b>(State)</b> <u>Md</u>	
<b>21. I certify that I took charge of the remains described above, held an Autopsy</b> <input type="checkbox"/> <b>Inspection</b> <input checked="" type="checkbox"/> <b>Inquiry</b> <input checked="" type="checkbox"/> <b>and find that death resulted from:</b> Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>			
<b>ACTUAL SIGNATURE</b> <u>Dawson O. George</u> <b>EXAMINER'S NAME (Type)</b> <u>DAWSON O. GEORGE</u>		<b>M.D. CHIEF MEDICAL EXAMINER</b> <input type="checkbox"/> <b>ASSISTANT MEDICAL EXAMINER</b> <input type="checkbox"/> <b>DEPUTY MEDICAL EXAMINER</b> <input checked="" type="checkbox"/>	
<b>22a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>22b. DATE THEREOF</b> <u>Mar 23 1960</u>	
<b>22c. NAME OF CEMETERY OR CREMATORY</b> <u>Spring Grove</u>		<b>22d. LOCATION (City, town, or county)</b> <u>Denton, Md.</u> <b>(State)</b> <u>Md</u>	
<b>23. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Arthur L. Krand</u> <b>ADDRESS</b> <u>Denton, Md.</u>		<b>24a. REC'D BY REGISTRAR</b> <u>MAR 28 '60</u>	
<b>24b. REGISTRAR'S SIGNATURE</b> <u>Arthur L. Krand</u>		<b>DATE SIGNED</b> <u>3-22-60</u>	

MEDICAL CERTIFICATION

05

2

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be filed with the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.



3103

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>DIXTON</u>		c. LENGTH OF STAY IN 1b <u>Lib</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS <u>1</u>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>KAREN</u> First <u>BENE</u> Middle <u>BROWN</u> Last		4. DATE OF DEATH Month <u>MAR</u> Day <u>21</u> Year <u>1960</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 26, 1958</u>
9. AGE (In years last birthday) <u>1</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>THOMAS BROWN</u>		14. MOTHER'S MAIDEN NAME <u>MARGARET ALLEN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Willard Brown, Dixton, Ind.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>865X</u> DUE TO <u>Asphyxiation</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Burned beyond Recognition</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING CAUSE OF DEATH. <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Crushing of Jet Into Dwelling</u>	
20c. TIME OF INJURY Month, Day, Year Hour <u>3:30</u> P.M. <u>3-21-1960</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. (City or town) <u>Dixton</u> (County) <u>Caroline</u> (State) <u>MD</u>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <u>Dawson D. George</u> M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>Dawson D. George</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Mar 23 1960</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Spring Grove</u>		22d. LOCATION (City, town, or county) <u>Dixton</u> (State) <u>MD</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Morrison</u> ADDRESS <u>Dixton</u>		24a. REC'D BY REGISTRAR <u>MAR 28 '60</u>	
		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Thoms</u>	

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose this certificate, writing "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

infectious  
injury by gunshot

no of 70 p  
A Haver  
X  
X  
v

**MEDICAL CERTIFICATION**

VS. A15ME(5)  
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18  
3104 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

NAME OF DECEASED		SEX		AGE		RACE		DATE OF DEATH	
PLACE OF DEATH		CITY		COUNTY		STATE		HOURS	
CAUSE OF DEATH		MANNER OF DEATH		PLACE OF BURIAL		DATE OF BURIAL		NAME OF FUNERAL HOME	
SIGNATURE OF EXAMINER		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SECOND WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF THIRD WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF FOURTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF FIFTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SIXTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SEVENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF EIGHTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF NINTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF TENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF ELEVENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF TWELFTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF THIRTEENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF FOURTEENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF FIFTEENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SIXTEENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SEVENTEENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF EIGHTEENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF NINETEENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF TWENTIETH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF TWENTY-FIRST WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF TWENTY-SECOND WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF TWENTY-THIRD WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF TWENTY-FOURTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF TWENTY-FIFTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF TWENTY-SIXTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF TWENTY-SEVENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF TWENTY-EIGHTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF TWENTY-NINTH WITNESS		DATE		TIME		PLACE		COUNTY	
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SIGNATURE OF THIRTY-FIRST WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF THIRTY-SECOND WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF THIRTY-THIRD WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF THIRTY-FOURTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF THIRTY-FIFTH WITNESS		DATE		TIME		PLACE		COUNTY	
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SIGNATURE OF THIRTY-SEVENTH WITNESS		DATE		TIME		PLACE		COUNTY	
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SIGNATURE OF THIRTY-NINTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF FORTIETH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF FORTY-FIRST WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF FORTY-SECOND WITNESS		DATE		TIME		PLACE		COUNTY	
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SIGNATURE OF FORTY-NINTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF FIFTIETH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF FIFTY-FIRST WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF FIFTY-SECOND WITNESS		DATE		TIME		PLACE		COUNTY	
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SIGNATURE OF FIFTY-FIFTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF FIFTY-SIXTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF FIFTY-SEVENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF FIFTY-EIGHTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF FIFTY-NINTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SIXTIETH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SIXTY-FIRST WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SIXTY-SECOND WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SIXTY-THIRD WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SIXTY-FOURTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SIXTY-FIFTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SIXTY-SIXTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SIXTY-SEVENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SIXTY-EIGHTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SIXTY-NINTH WITNESS		DATE		TIME		PLACE		COUNTY	
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SIGNATURE OF SEVENTY-FIRST WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SEVENTY-SECOND WITNESS		DATE		TIME		PLACE		COUNTY	
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SIGNATURE OF SEVENTY-SIXTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SEVENTY-SEVENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SEVENTY-EIGHTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF SEVENTY-NINTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF EIGHTIETH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF EIGHTY-FIRST WITNESS		DATE		TIME		PLACE		COUNTY	
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SIGNATURE OF EIGHTY-SIXTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF EIGHTY-SEVENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF EIGHTY-EIGHTH WITNESS		DATE		TIME		PLACE		COUNTY	
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SIGNATURE OF NINETY-FIRST WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF NINETY-SECOND WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF NINETY-THIRD WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF NINETY-FOURTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF NINETY-FIFTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF NINETY-SIXTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF NINETY-SEVENTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF NINETY-EIGHTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF NINETY-NINTH WITNESS		DATE		TIME		PLACE		COUNTY	
SIGNATURE OF HUNDRED WITNESS		DATE		TIME		PLACE		COUNTY	

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3110

Item 9 Film 6261 4-21-60 et

Reg. Dist. No.

FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please  
 execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the Medical Director. Page  
 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 should be retained for your files.  
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health,  
 or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Preston</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>X Preston</u>	
c. LENGTH OF STAY IN 1b <u>Life</u>		d. STREET ADDRESS <u>1 Rout 2 Box 15</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Route Box 15</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Rennie Butler</u>		4. DATE OF DEATH Month <u>3</u> Day <u>12</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-10-98</u>
9. AGE (In years last birthday) <u>62</u>		10. FINDER YEAR Months <u>12</u> Days <u>12</u> Hours <u>12</u> Min. <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Wesley Lockerman</u>		14. MOTHER'S MAIDEN NAME <u>Addie Butler</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>-</u> (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT <u>Lula Butler, Preston, Md.</u>		Address <u>-</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>451X Abdominal Hemorrhage</u> DUE TO (b) <u>Probable Ruptured Aneurysm</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) <u>-</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <u>Dawson O. George</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>DAWSON O. George</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED <u>3-15-60</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>3/16/58</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant Cem</u>	22d. LOCATION (City, town, or county) (State) <u>Preston Md.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>James B. Deshield Ector, Md.</u>		ADDRESS <u>-</u>	
24a. RECD BY REGISTRAR <u>MAR 23 60</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Hines</u>	



3111

## CERTIFICATE OF DEATH

Reg. Dist. No.

03083

1. PLACE OF DEATH a. COUNTY <b>Caroline</b> <b>MARYLAND</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Md.</b> b. COUNTY <b>Caroline</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Preston Rural</b>				c. LENGTH OF STAY IN 1b <b>83</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Sallie</b> Middle <b>E. Carroll</b> Last				4. DATE OF DEATH Month <b>Mar</b> Day <b>6</b> Year <b>19 60</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 10 1876</b>	
9. AGE (In years last birthday) <b>83</b> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>							
13. FATHER'S NAME <b>Levin Poole</b>				14. MOTHER'S MAIDEN NAME <b>Salle E. Poole</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Lloyd Carroll</b> Address <b>Preston, Md.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>420.1</b> DUE TO <b>Chronic Congestive Heart Failure</b> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Coronary Sclerosis</b> (c) <b>Generalized Arterio Sclerosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>27 yrs</b> <b>10 yrs</b> <b>25 yrs</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Totally Blind</b>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <b>19</b>				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work of work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from <b>2/22</b> 19 <b>58</b> , to <b>3/6</b> 19 <b>60</b> , that I last saw the deceased alive on <b>2/27</b> 19 <b>60</b> , and that death occurred at <b>10 P</b> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <b>PO Box #158 Preston Md</b> DATE SIGNED <b>3/8/60</b> ACTUAL SIGNATURE <b>Harold B. Plummer</b> M.D. <b>PO Box #158 Preston Md</b> PHYSICIAN'S NAME (Type) <b>Harold B. Plummer M.D.</b>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>3/10/60</b>		22c. NAME OF CEMETERY OR CREMATORY <b>J.F. O. U. A. M.</b>		22d. LOCATION (City, town, or county) (State) <b>Preston, Md.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>J. M. J. [Signature]</b> ADDRESS <b>Preston, Md.</b>				24a. REC'D BY REGISTRAR DATE <b>MAR 11 '60</b>		24b. REGISTRAR'S SIGNATURE <b>Arthur S. [Signature]</b>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the death certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Form No. 10

PLACE OF BIRTH STATE OF MARYLAND COUNTY OF BALTIMORE CITY OF BALTIMORE		PLACE OF DEATH STATE OF MARYLAND COUNTY OF BALTIMORE CITY OF BALTIMORE	
DATE OF BIRTH JANUARY 1, 1900		DATE OF DEATH JANUARY 1, 1900	
SEX MALE		SEX MALE	
OCCUPATION LABORER		OCCUPATION LABORER	
MARITAL STATUS SINGLE		MARITAL STATUS SINGLE	
CAUSE OF DEATH HEART DISEASE		CAUSE OF DEATH HEART DISEASE	
PLACE OF DEATH HOME		PLACE OF DEATH HOME	
SIGNATURE OF DECEASED (None)		SIGNATURE OF DECEASED (None)	
SIGNATURE OF WITNESS (None)		SIGNATURE OF WITNESS (None)	
SIGNATURE OF PHYSICIAN (None)		SIGNATURE OF PHYSICIAN (None)	
SIGNATURE OF CLERK (None)		SIGNATURE OF CLERK (None)	

THE BALTIMORE HEALTH DEPARTMENT

10 DEPARTMENT OF HEALTH - BALTIMORE 10

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3105

## CERTIFICATE OF DEATH

03084

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>WENTON</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>X WENTON</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS <u>1</u>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>STELLA</u> Middle <u>CARROLL</u> Last <u>CARROLL</u>		4. DATE OF DEATH Month <u>MAR</u> Day <u>23</u> Year <u>1960</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 26 1888</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JOHN MURPHY</u>		14. MOTHER'S MAIDEN NAME <u>LENA COLLEN'S</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>husband (Walter Carroll)</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cochlear from 155.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (c), stating the underlying cause last. (b) <u>Metastases to Liver from</u> DUE TO (c) <u>Carcinoma of Gall Bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>2 months</u> <u>Unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>FEB. 22</u> , 1960, to <u>MAR. 23</u> , 1960, that I last saw the deceased alive on <u>MAR. 22</u> , 1960, and that death occurred at <u>1:15 PM</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Robert H. Waight</u>		ADDRESS (Street, city or town, state) DATE SIGNED <u>MAR. 25, 1960</u>	
PHYSICIAN'S NAME (Type) <u>ROBERT H. WAIGHT MD</u>		<u>GREENSBORO, MD.</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		22b. DATE THEREOF <u>MAR 26, 1960</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Dinton</u>		22d. LOCATION (City, town, or county) (State) <u>Wenton</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Virginia K. Korman</u>		ADDRESS <u>Wenton</u>	
24a. REC'D BY REGISTRAR DATE <u>APR 1 '60</u>		24b. REGISTRAR'S SIGNATURE <u>William J. Thomas</u>	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After the death certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)  
15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

03085

1. PLACE OF DEATH o. COUNTY <b>Caroline</b> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <b>Maryland</b> b. COUNTY <b>Caroline</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Rural Greensboro</b>	c. LENGTH OF STAY IN 1b <b>15 Yrs.</b>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Rural Greensboro</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>None</b>		d. STREET ADDRESS <b>None</b>	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>William Thomas Chase</b>		4. DATE OF DEATH Month Day Year <b>3 28 1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-10-1885</b>
9. AGE (In years lost birthday) <b>74</b> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Electrician</b>	11. BIRTHPLACE (State or foreign country) <b>Delaware</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>William Thomas Chase</b>	
14. MOTHER'S MAIDEN NAME <b>Rozena Howard</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>71-10-1487</b>		17. INFORMANT Address <b>Mary E. Chase Greensboro, Maryland</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> <b>420.1</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Arteriosclerotic Cardiovascular</b> DUE TO (c) <b>Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <b>19</b>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)		21. I certify that I attended the deceased from <b>Mar. 28, 1960</b> to <b>Mar. 28, 1960</b> that I last saw the deceased alive on <b>Mar. 28, 1960</b> , and that death occurred at <b>7:20 A. M.</b> from the causes and on the date stated above.
ACTUAL SIGNATURE <b>Charles H. Stonesifer M.D.</b>		ADDRESS (Street, city or town, state) <b>Greensboro, Md.</b>
DATE SIGNED <b>3/28/60</b>		22a. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22b. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22d. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22e. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22f. DATE THEREOF <b>3-31-60</b>		22g. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22h. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22i. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22j. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22k. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22l. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22m. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22n. DATE THEREOF <b>3-31-60</b>		22o. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22p. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22q. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22r. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22s. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22t. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22u. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22v. DATE THEREOF <b>3-31-60</b>		22w. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22x. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22y. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22z. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22aa. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ab. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22ac. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ad. DATE THEREOF <b>3-31-60</b>		22ae. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22af. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22ag. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ah. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22ai. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22aj. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22ak. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22al. DATE THEREOF <b>3-31-60</b>		22am. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22an. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22ao. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ap. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22aq. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ar. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22as. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22at. DATE THEREOF <b>3-31-60</b>		22au. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22av. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22aw. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ax. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22ay. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22az. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22ba. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22bb. DATE THEREOF <b>3-31-60</b>		22bc. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22bd. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22be. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22bf. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22bg. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22bh. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22bi. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22bj. DATE THEREOF <b>3-31-60</b>		22bk. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22bl. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22bm. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22bn. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22bo. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22bp. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22bq. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22br. DATE THEREOF <b>3-31-60</b>		22bs. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22bt. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22bu. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22bv. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22bw. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22bx. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22by. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22bz. DATE THEREOF <b>3-31-60</b>		22c0. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22c1. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22c2. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22c3. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22c4. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22c5. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22c6. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22c7. DATE THEREOF <b>3-31-60</b>		22c8. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22c9. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22ca. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22cb. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cc. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22cd. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22ce. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22cd. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
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22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
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22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
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22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>
22ce. LOCATION (City, town, or county) (State) <b>Near Fredericka, Delaware</b>		22cf. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
22ce. DATE THEREOF <b>3-31-60</b>		22cf. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulaie Greensboro, Md.</b>
22ce. ADDRESS <b>J. E. Boulaie Greensboro, Md.</b>		22cf. REC'D BY REGISTRAR DATE <b>MAR 31 1960</b>
22ce. REGISTRAR'S SIGNATURE <b>Arthur S. Knaus</b>		22cf. NAME OF CEMETERY OR CREMATORY <b>Barretts Chalel</b>



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After the death certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)  
15M 9/55

1

3113

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

03086

1. PLACE OF DEATH o. COUNTY <b>Caroline</b> MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) o. STATE <b>Maryland</b> b. COUNTY <b>Caroline</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Rural Ridgely</b>	c. LENGTH OF STAY IN 1b <b>80 Yrs.</b>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>X Rural Ridgely</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>None</b>		d. STREET ADDRESS <b>None</b>	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>Gibbs</b> Last <b>Gibbs</b>		4. DATE OF DEATH Month <b>3</b> Day <b>13</b> Year <b>1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-4-1879</b>
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>13</b> Hours <b>19</b> Min. <b>60</b>	IF UNDER 24 HRS. Months <b>3</b> Days <b>13</b> Hours <b>19</b> Min. <b>60</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Andrew Gibbs</b>	
14. MOTHER'S MAIDEN NAME <b>No Record</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>213-01-783</b>		17. INFORMANT <b>2A Colbert Henry Ridgely, Maryland</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> <b>332 X</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>General Arteriosclerosis</b> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Viral Respiratory Infection</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <b>19</b>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>Mar. 11</b> , 19 <b>60</b> to <b>Mar. 13</b> , 19 <b>60</b> , that I last saw the deceased alive on <b>Mar. 13</b> , 19 <b>60</b> , and that death occurred at <b>1:20 P.M.</b> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <b>Greensboro, Md.</b> DATE SIGNED <b>Mar. 15 '60</b>			
ACTUAL SIGNATURE <b>Charles H. Stonesifer</b> M.D.		PHYSICIAN'S NAME (Type) <b>Charles H. Stonesifer, M.D.</b>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>3-16-60</b>	
22c. NAME OF CEMETERY OR CREMATORY <b>Spring Grove</b>		22d. LOCATION (City, town, or county) (State) <b>Denton, Maryland</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boulais</b>		ADDRESS <b>Greensboro, Md.</b>	
24a. REC'D BY REGISTRAR DATE <b>MAR 17 '60</b>		24b. REGISTRAR'S SIGNATURE <b>Arthur L. Hanks</b>	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4  
may be retained by the hospital or attending physician.  
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page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with  
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)  
15M 9/55

STATE DEPARTMENT OF HEALTH—BALTIMORE, 18											
3114											
Reg. Dist. No. 03087											
CERTIFICATE OF DEATH											
1. PLACE OF DEATH a. COUNTY <u>Caroline</u> MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>md.</u> b. COUNTY <u>CAROLINE</u>						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>MARYDEL</u>					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>X MARYDEL</u>						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS <u>1</u>			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lottie Mae HALL</u>					4. DATE OF DEATH Month Day Year <u>3 13 1960</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>15 Nov. 1878</u>		9. AGE (In years last birthday) <u>81</u> yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13. FATHER'S NAME <u>Nicholas Robinson</u>					14. MOTHER'S MAIDEN NAME <u>SARAH BARRIAN</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>MRS. EVA RITTENHOUSE</u>		Address <u>MARYDEL Del.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Stable Pyramonia</u> <u>493X</u> <u>BUEYOR</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Fall 2 Floor of her home</u> DUE TO (c) <u>Chronic myocardial</u>										INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Pneumonia</u>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fall on floor of home Maryland Caroline 9 109</u>						
20c. TIME OF INJURY Hour a. m. <u>3</u> p. m. <u>9</u> 19 <u>59</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>at her home Maryland</u>		20f. (City or town) <u>Marydel</u>		20g. (County) <u>Caroline</u>			
21. I certify that I attended the deceased from <u>Jan. 1957</u> to <u>July 13, 1960</u> , that I last saw the deceased alive on <u>July 11, 1960</u> , and that death occurred at <u>4 P.M.</u> from the causes and on the date stated above.											
ACTUAL SIGNATURE <u>William A. Berry, Jr.</u>					ADDRESS (Street, city or town, state) <u>1214 E. 1st St. Del.</u>						
PHYSICIAN'S NAME (Type) <u>William A. Berry, Jr.</u>					DATE SIGNED <u>3/14/60</u>						
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>3-17-60</u>		22c. NAME OF CEMETERY OR CREMATORY <u>mt. Olive</u>		22d. LOCATION (City, town, or county) (State) <u>SANDTOWN, Del.</u>					
23. FUNERAL DIRECTOR'S SIGNATURE <u>William A. Berry, Jr.</u>					24a. REC'D BY REGISTRAR <u>DATE MAR 16 '60</u>		24b. REGISTRAR'S SIGNATURE <u>Caroline S. House</u>				

Delaware



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 3115

### CERTIFICATE OF DEATH

03088

Reg. Dist. No.

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Caroline</u> <span style="float: right;">MARYLAND</span>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> <span style="float: right;">b. COUNTY <u>Caroline</u></span>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Preston</u>			c. LENGTH OF STAY IN 1b <u>76 years</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Preston</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				e. STREET ADDRESS <u>1</u>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Carl</u> Middle <u>R.</u> Last <u>Krueger</u>				<b>4. DATE OF DEATH</b> Month <u>March</u> Day <u>24</u> Year <u>1960</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>September 22, 1877</u>		9. AGE (In years lost birthday) <u>82</u> yrs. IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u> IF UNDER 24 HRS.: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Krueger</u>				14. MOTHER'S MAIDEN NAME <u>Carolina Krueger</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		INFORMANT Address <u>Robert G. Krueger 408 Winton A ve. Easton, Md.</u>			
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Cardiac Decomposition</u> <u>153.2</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying</u> cause lost. (b) <u>Infection</u> (c) <u>Carcinoma of Descending Colon</u>								INTERVAL BETWEEN ONSET AND DEATH <u>5 wks</u> <u>6 wks</u> <u>2 10 mos</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE. CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>			20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from <u>3/14</u> , 19 <u>57</u> , to <u>3/24</u> , 19 <u>60</u> , that I last saw the deceased alive on <u>3/21</u> , 19 <u>60</u> , and that death occurred at <u>3:50 P.M.</u> , from the causes and on the date stated above.									
ACTUAL SIGNATURE <u>Julius B. Pummer</u> M.D.				ADDRESS (Street, city or town, state) DATE SIGNED <u>PO Box 158 Preston Md 21576</u>					
PHYSICIAN'S NAME (Type) <u>Herold B. Pummer</u>				<u>Preston Maryland</u>					
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			22b. DATE THEREOF <u>March 27, 1960</u>		22c. NAME OF CEMETERY OR CREMATORY <u>J.O.U.A.M. Cemetery</u>			22d. LOCATION (City, town, or county) (State) <u>Preston Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J.J. Frempton and Son</u>				ADDRESS <u>Federalburg, Md.</u>		24a. REG'D BY REGISTRAR DATE <u>MAR 28 60</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Frank</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 4 may be retained by the hospital or attending physician.  
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1115



*[Faint, mostly illegible text on a death certificate form. The form includes fields for name, age, sex, date of death, and cause of death. The text is mirrored and difficult to read.]*



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be obtained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)  
15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3116

Item 2 Film G261 4-20-60 et

CERTIFICATE OF DEATH

Reg. Dist. No.

03089

1. PLACE OF DEATH a. COUNTY <b>Caroline</b> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Md.</b> b. COUNTY <b>Caroline</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Federalburg FED.</b>		c. LENGTH OF STAY IN 1b <b>2yrs.</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Willeughby Nursing Home</b>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Harvey H. Mc Mahan</b>		4. DATE OF DEATH <b>March 29, 1960</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 19, 1883</b>	
9. AGE (In years last birthday) <b>77yrs.</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) <b>Caroline Co., Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Harrison McMahan</b>		14. MOTHER'S MAIDEN NAME <b>Mary C. Towers</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT <b>Mrs. Andrew Willeughby- Federalburg, Md.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause pertaining for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized arteriosclerosis</b> 450.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <b>With General debility Beginning frequent</b> DUE TO (c) <b>Senguen both feet</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Mar 1958</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>Mar 28, 1960</b> to <b>Mar 28, 1960</b> that I last saw the deceased alive on <b>Mar 28, 1960</b> , and that death occurred at <b>5:30 P.M.</b> from the causes and on the date stated above.			
ACTUAL SIGNATURE <b>W. E. Lennon</b>		ADDRESS (Street, city or town, state) <b>Federalburg Md</b> DATE SIGNED <b>Mar 30 - 1960</b>	
PHYSICIAN'S NAME (Type) <b>W. E. LennON</b>		<b>Federalburg md</b>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		22b. DATE THEREOF <b>4/2/60</b>	
22c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest Cem.</b>		22d. LOCATION (City, town, or county) (State) <b>Federalburg, Md.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>Harvey Willeughby</b>		ADDRESS <b>Federalburg, Md.</b>	
24a. REC'D BY REGISTRAR <b>APR 4 '60</b>		24b. REGISTRAR'S SIGNATURE <b>Arthur L. Hearn</b>	



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 3106 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03090

Reg. Dist. No.

<b>1. PLACE OF DEATH</b> a. COUNTY <u>CAROLINE</u> <b>MARYLAND</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If Institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>DENTON</u>		c. LENGTH OF STAY IN 1b <u>6 wks</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>DENTON</u>			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>1</u>				d. STREET ADDRESS <u>1</u>			
<b>3. NAME OF DECEASED</b> (Type or print) <u>TERRY</u> First <u>LYNN</u> Middle <u>PITT</u> Last				<b>4. DATE OF DEATH</b> Month <u>MARCH</u> Day <u>9</u> Year <u>1960</u>			
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>N</u>	<b>7. MARRIED</b> <input type="checkbox"/> <b>NEVER MARRIED</b> <input checked="" type="checkbox"/> <b>WIDOWED</b> <input type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>JAN. 25, 1960</u>	<b>9. AGE</b> (In years last birthday) <u>7</u> yrs.	<b>IF UNDER 1 YEAR</b> Months <u>14</u> Days <u>14</u> Hours <u>14</u> Min.		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>—</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>—</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Maryland</u>			
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			<b>13. FATHER'S NAME</b> <u>FLETCHER PITT</u>				
<b>14. MOTHER'S MAIDEN NAME</b> <u>CATHERINE REESE</u>			<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>—</u>				
<b>16. SOCIAL SECURITY NO.</b> <u>—</u>			<b>17. INFORMANT</b> <u>Mrs Catherine Reese Denton, wid</u> Address				
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronch - Pneumonia</u> <u>491X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Upper Respiratory Infection</u> DUE TO (c) <u>—</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>—</u>							
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
<b>20a. EXTERNAL CAUSE WAS PRIMARY</b> <input type="checkbox"/> <b>OR CONTRIBUTING</b> <input checked="" type="checkbox"/> <b>CAUSE OF DEATH.</b>			<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.) <u>—</u>				
<b>20c. TIME OF INJURY</b> Month, Day, Year Hour a. m. <u>19</u> p. m.		<b>20d. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (Home, farm, factory, street, office bldg., etc.) <u>—</u>			
<b>20f. (City or town)</b> <u>—</u>		<b>(County)</b> <u>—</u>		<b>(State)</b> <u>—</u>			
<b>21. I certify that I took charge of the remains described above, held an Autopsy</b> <input type="checkbox"/> <b>Inspection</b> <input type="checkbox"/> <b>Inquiry</b> <input type="checkbox"/> <b>and find that death resulted from:</b> Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>							
<b>ACTUAL SIGNATURE</b> <u>Dawson O. George</u> <b>M.D.</b> <b>CHIEF MEDICAL EXAMINER</b> <input type="checkbox"/>							
<b>EXAMINER'S NAME (Type)</b> <u>DAWSON O. GEORGE</u> <b>ASSISTANT MEDICAL EXAMINER</b> <input type="checkbox"/>							
<b>DEPUTY MEDICAL EXAMINER</b> <input type="checkbox"/>							
<b>22a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>22b. DATE THEREOF</b> <u>Mar 9, 1960</u>		<b>22c. NAME OF CEMETERY OR CREMATORY</b> <u>Spring Grove</u>			
<b>22d. LOCATION (City, town, or county)</b> <u>Denton, Md</u>		<b>(State)</b> <u>—</u>					
<b>23. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Livingston Woodson Denton</u>			<b>ADDRESS</b> <u>—</u>				
<b>24a. REC'D BY REGISTRAR</b> <b>DATE</b> <u>MAR 14 '60</u>			<b>24b. REGISTRAR'S SIGNATURE</b> <u>Arthur S. Farris</u>				

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute this certificate, writing "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be filed in the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A1SME(5)

5M 9/55

2080 23 3XV6



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After the death certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3108

## CERTIFICATE OF DEATH

Reg. Dist. No.

64386

1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>GREENSBORO</u>				c. LENGTH OF STAY IN 1b <u>5 yrs</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>X GREENSBORO</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS <u>1</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>ELIZA</u> Last <u>PORTER</u>				4. DATE OF DEATH Month <u>Mar</u> Day <u>28</u> Year <u>1960</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 29, 1881</u>	9. AGE (In years last birthday) <u>78</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life—even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Theodore Walbert</u>				14. MOTHER'S MAIDEN NAME <u>Josephine Jolly</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Mrs. Fred Monroe Greensboro</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Arteriosclerotic Cardiovascular Dis. with hypertension</u> DUE TO (c) <u>—</u>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Coronary Insufficiency and Chr. Myocarditis</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. p. m. <u>19</u>		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Feb. 2</u> , 19 <u>60</u> , to <u>Mar. 28</u> , 19 <u>60</u> , that I last saw the deceased alive on <u>Mar. 28</u> , 19 <u>60</u> , and that death occurred at <u>7 P.</u> M., from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Charles H. Stonesifer</u> M.D.				ADDRESS (Street, city or town, state) <u>Greensboro, Md.</u>		DATE SIGNED <u>3/31/60</u>	
PHYSICIAN'S NAME (Type) <u>Charles H. Stonesifer, M.D.</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF <u>Mar. 31, 1960</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Denton</u>		22d. LOCATION (City, town, or county) (State) <u>Denton Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>John George Moore Denton</u> ADDRESS				24a. REC'D BY REGISTRAR DATE <u>APR 6 '60</u>		24b. REGISTRAR'S SIGNATURE <u>Carlton S. Adams</u>	



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please excuse the delay in writing the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)  
SM 9/55

1  
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
3117 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03091

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Caroline</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Federalsburg - Rural</u>		c. LENGTH OF STAY IN 1b <u>Life</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Federalsburg - Rural</u>			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Near Bethel Church</u>				d. STREET ADDRESS <u>Near Bethel Church</u>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Bub</u> Last <u>Ricketts</u>				4. DATE OF DEATH Month <u>March</u> Day <u>6</u> Year <u>19 60</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 6, 1884</u>	
9. AGE (In years last birthday) <u>75</u> yrs.		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Caroline Co., Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Brewington</u>				14. MOTHER'S MAIDEN NAME <u>S allie Ricketts</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>222-09-2077</u>		17. INFORMANT Address <u>Hattie H. Ricketts, Federalsburg, Md., R.F.D.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Diabetes Mellitus</u> <u>260x</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b) <u>  </u> DUE TO (c) <u>  </u>						INTERVAL BETWEEN ONSET AND DEATH <u>94-</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>  </u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour <u>  </u> a. m. <u>  </u> p. m. <u>  </u> 19 <u>  </u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <u>Dawson O. George</u> M.D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED <u>3-8-60</u>	
EXAMINER'S NAME (Type) <u>Dawson O. George, M.D.</u>				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>March 12, 1960</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Federal Hill Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Federalsburg, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J.J. Frampton and Son, Federalsburg, Maryland</u>				24a. REC'D BY REGISTRAR DATE <u>MAR 10 '60</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur L. Thoms</u>	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be obtained by the hospital or attending physician. TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3119

## CERTIFICATE OF DEATH

03092

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>CAROLINE</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>RURAL DENTON</u>	c. LENGTH OF STAY IN 1b <u>30 yrs</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>RURAL DENTON</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS <u>1</u>	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>MARGARET ANNA SCHUYLER</u>		4. DATE OF DEATH <u>MAR. 16 1960</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR. 20, 1885</u>
9. AGE (In years last birthday) <u>74</u> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Edward Stubbs</u>	
14. MOTHER'S MAIDEN NAME <u>Infra Boyd</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>Thrs. Mildred Stubbs, Denton, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute cardiac infarction</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Chronic coronary insufficiency</u> DUE TO (c) <u>---</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> <u>3 yr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>diabetes mellitus</u> <u>14 years</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Feb 28</u> , 19 <u>60</u> , to <u>March 16</u> , 19 <u>60</u> , that I last saw the deceased alive on <u>March 16</u> , 19 <u>60</u> , and that death occurred at <u>5:55</u> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>E. Paul Knotts</u>		DATE SIGNED <u>406 Market St</u>	
PHYSICIAN'S NAME (Type) <u>E. Paul Knotts M.D.</u>		<u>Denton, Md</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		22b. DATE THEREOF <u>Mar. 19, 1960</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Concord</u>		22d. LOCATION (City, town, or county) (State) <u>Near Denton, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. Boyd Mowbray</u>		ADDRESS <u>Denton, Md.</u>	
24a. REC'D BY REGISTRAR <u>MAR 28 1960</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Knease</u>	

# CERTIFICATE OF DEATH

3117

<p>1. Name of deceased: <u>JOHN J. SMITH</u></p>		<p>2. Sex: <u>Male</u></p>	
<p>3. Date of birth: <u>10-15-1915</u></p>		<p>4. Place of birth: <u>NEW YORK</u></p>	
<p>5. Date of death: <u>11-10-1965</u></p>		<p>6. Place of death: <u>HOME</u></p>	
<p>7. Cause of death: <u>HEART DISEASE</u></p>		<p>8. Manner of death: <u>NATURAL</u></p>	
<p>9. Signature of physician: <u>[Signature]</u></p>		<p>10. Signature of registrar: <u>[Signature]</u></p>	
<p>11. Address of deceased: <u>1234 MAIN ST, BALTIMORE, MD</u></p>		<p>12. Address of informant: <u>1234 MAIN ST, BALTIMORE, MD</u></p>	
<p>13. Name of informant: <u>JOHN J. SMITH</u></p>		<p>14. Relationship to deceased: <u>SON</u></p>	
<p>15. Date of completion: <u>11-15-1965</u></p>		<p>16. Registrar's name: <u>[Name]</u></p>	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT OF THE DEATH OF THE DECEASED, AS REPORTED BY THE INFORMANT, AND AS VERIFIED BY THE REGISTRAR.

STATE OF MARYLAND - DEPARTMENT OF HEALTH - BALTIMORE 15

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**  
**3119**  
**CERTIFICATE OF DEATH**

03093

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <b>Caroline</b> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE <b>Maryland</b> b. COUNTY <b>Caroline</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Goldsboro</b>			c. LENGTH OF STAY IN 1b <b>16 Yrs.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>X Goldsboro</b>		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>None</b>				d. STREET ADDRESS <b>None</b>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Norman</b> Last <b>Seward</b>				4. DATE OF DEATH Month <b>3</b> Day <b>6</b> Year <b>19 60</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>9-7-1880</b>	
9. AGE (In years last birthday) yrs. <b>79</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farm Owner</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13. FATHER'S NAME <b>George P. Seward</b>				14. MOTHER'S MAIDEN NAME <b>Mary Emley Stockley</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>213-24-0485</b>		17. INFORMANT Address <b>Margaret Seward Goldsboro, Maryland</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> <b>443X</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Arteriosclerotic Cardiovascular Dis. with hypertension</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <b>19</b>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>Mar. 1</b> , 19 <b>60</b> to <b>March 6</b> , 19 <b>60</b> , that I last saw the deceased alive on <b>March 6</b> , 19 <b>60</b> , and that death occurred at <b>5:25P</b> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <b>Greensboro, Md.</b> DATE SIGNED <b>3/8/60</b>							
ACTUAL SIGNATURE <b>Charles H. Stonesifer</b> M.D.				PHYSICIAN'S NAME (Type) <b>Charles H. Stonesifer, M.D.</b>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>3-9-60</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Greensboro</b>		22d. LOCATION (City, town, or county) (State) <b>Greensboro, Maryland</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Bouleais</b>				ADDRESS <b>Greensboro, Md.</b>		24a. REC'D BY REGISTRAR DATE <b>MAR 10 '60</b>	
				24b. REGISTRAR'S SIGNATURE <b>Arthur S. Kline</b>			

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital. The attending physician and coroner must sign the certificate. After the certificate has been signed by the attending physician and coroner, the certificate should be detached for use as the burial-transit permit. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.







# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03095

Reg. Dist. No.

3107

<b>1. PLACE OF DEATH</b> a. COUNTY <u>CAROLINE</u> <span style="float: right;">MARYLAND</span>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>DENTON</u>			c. LENGTH OF STAY IN 1b <u>Life</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>X RURAL DENTON</u>			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>X</u>				d. STREET ADDRESS <u>X</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>ARTHUR</u> Middle <u>SOLOMON</u> Last <u>TRICE</u>				<b>4. DATE OF DEATH</b> Month <u>MAR</u> Day <u>19</u> Year <u>1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APR 13, 1897</u>		9. AGE (In years last birthday) <u>62</u> yrs.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAID OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>GEORGE TRICE</u>				14. MOTHER'S MAIDEN NAME <u>MOLLIE BENSON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WWI</u>		17. INFORMANT <u>DONALD TRICE, DENTON, MD.</u>			
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;">           PART I. DEATH WAS CAUSED BY:            IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>            420.1 DUE TO            Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. }            (b) <u>Coronary Heart Disease</u>            DUE TO            (c) _____         </div> <div style="width: 15%; text-align: center;">           INTERVAL BETWEEN ONSET AND DEATH  <u>Sudden</u>  <u>Seven Months</u> </div> </div>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ o. m. _____ p. m. _____ Month, Day, Year _____ 19____		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) _____ (County) _____ (State) _____	
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <u>Dawson O. George</u>				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED	
EXAMINER'S NAME (Type) <u>DAWSON O. GEORGE</u>				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		<u>3-21-60</u>	
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
22b. DATE THEREOF <u>Mar 22, 1960</u>		22c. NAME OF CEMETERY OR CREMATORY <u>DENTON</u>		22d. LOCATION (City, town, or county) (State) <u>DENTON, MD</u>			
23. FUNERAL DIRECTOR'S SIGNATURE <u>George Howard Son Denton Md</u>				ADDRESS <u>DENTON, MD</u>		24a. REC'D BY REGISTRAR <u>MAR 23 1960</u>	
24b. REGISTRAR'S SIGNATURE <u>Arthur S. Hays</u>				DATE			

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please excuse the certificate, writing "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial/cremation, or removal.



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please  
explain the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page  
4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 should be retained for your files.  
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health,  
or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

FOR STATE  
HEALTH DEPT.

M

I

MEDICAL CERTIFICATION

VS. A15ME  
5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3121

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

03096

1. PLACE OF DEATH a. COUNTY <b>Caroline</b> <b>MARYLAND</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Caroline</b>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Rural</b>		c. LENGTH OF STAY IN lb <b>Full Life</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Rural</b>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <b>rural</b>			d. STREET ADDRESS <b>1</b>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Roland L. Trice</b>			4. DATE OF DEATH Month Day Year <b>March 27 19 60</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 26, 1891</b>		9. AGE (In years last birthday) <b>68 yrs.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Frank Trice</b>			14. MOTHER'S MAIDEN NAME <b>Martha Rosser</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>215-38-0622</b>		17. INFORMANT Address <b>Mrs. Elma Trice Federalsburg, R. FD</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> <b>420.1</b> DUE TO Conditions, if any, which gave rise to immediate cause (b) <b>Coronary Heart Disease</b> (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> <b>12 months</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <b>19</b>		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>					
ACTUAL SIGNATURE <b>Dawson D. George</b>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED <b>3-30-60</b>	
EXAMINER'S NAME (Type) <b>DAWSON D. GEORGE</b>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>March 29,</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Concord Cemetery</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>Harvey Williams</b>		ADDRESS <b>Federalsburg, Md.</b>		24a. REC'D BY REGISTRAR <b>APR 4 '60</b>	
				24b. REGISTRAR'S SIGNATURE <b>Arthur S. Harris</b>	



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3122

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

03097

1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>RURAL DENTON</u>				c. LENGTH OF STAY IN 1b <u>48 yrs.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>RURAL DENTON</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS <u>1</u>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SAMUEL</u> Middle <u>JOHN</u> Last <u>VICKERY</u>				4. DATE OF DEATH Month <u>MARCH</u> Day <u>5</u> Year <u>1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APR 18, 1885</u>	9. AGE (In years last birthday) <u>74</u> yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Henry Vickers</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Griffith</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>A</u>		17. INFORMANT <u>Mrs. Samuel Vickery Denton</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>420.1 Coronary Occlusion</u> DUE TO (b) <u>Hypertensive Heart Disease</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) <u>?</u> DUE TO				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)		
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				22b. DATE THEREOF <u>Mar 8, 1960</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Denton</u>	
22d. LOCATION (City, town, or county) <u>Denton, Md.</u>				(State)			
23. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Houston Denton</u>				ADDRESS		24a. REC'D BY REGISTRAR <u>DATE MAR 14 '60</u>	
24b. REGISTRAR'S SIGNATURE <u>Arthur S. Hunt</u>				DATE			

MEDICAL CERTIFICATION

ACTUAL SIGNATURE

Dawson O. George

M.D.

CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

DEPUTY MEDICAL EXAMINER ☒

DATE SIGNED

3-8-60

EXAMINER'S NAME (Type)

Dawson O. George

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose this certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be retained by the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for 10 years.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03098

3123

Item 22b, Film G259, 3/18/60 1b

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>KRAVLE FEDERALSBURG</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>X RURAL FEDERALSBURG</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>REGINALD LEE WASHINGTON</u>		4. DATE OF DEATH Month <u>MAR</u> Day <u>2</u> Year <u>1960</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 10 1960</u>
9. AGE (In years last birthday) <u>22</u> yrs.		IF UNDER 1 YEAR Months <u>22</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u>22</u> Min. <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>DONALD TELGHMAN</u>	
14. MOTHER'S MAIDEN NAME <u>GWENDOLYN WASHINGTON</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>MILDRED TAYLOR</u> Address <u>FEDERALSBURG</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Meningitis Enteritis</u> 7640 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Malnutrition</u> DUE TO (c) <u>---</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u> <u>3 wks</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>	
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)		(County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <u>James O George</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type)		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Mar. 18, 1960</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>St Paul</u>		22d. LOCATION (City, town, or county) (State) <u>near Denton, Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Wm J. Moore</u>		24a. REC'D BY REGISTRAR DATE <u>MAR 14 '60</u>	
ADDRESS <u>Denton</u>		24b. REGISTRAR'S SIGNATURE <u>---</u>	

MEDICAL CERTIFICATION

2

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please excuse certificate, writing it "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by the funeral director. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A1SME(S)  
SM 9/55

2080182XV4

STATE AND STATE DEPARTMENT OF HEALTH, BALTIMORE, MD.  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1153

1. NAME OF DECEASED		2. SEX		3. AGE	
4. OCCUPATION		5. MARITAL STATUS		6. PLACE OF BIRTH	
7. DATE OF DEATH		8. TIME OF DEATH		9. PLACE OF DEATH	
10. CAUSE OF DEATH		11. MANNER OF DEATH		12. SIGNATURE OF EXAMINER	
13. SIGNATURE OF WITNESS		14. SIGNATURE OF CORONER		15. SIGNATURE OF JURY	
16. SIGNATURE OF MINISTER		17. SIGNATURE OF CHURCH		18. SIGNATURE OF FUNERAL HOME	
19. SIGNATURE OF BURIAL PLACE		20. SIGNATURE OF INTERMENT		21. SIGNATURE OF CREMATION	
22. SIGNATURE OF REINTERMENT		23. SIGNATURE OF REINTERMENT		24. SIGNATURE OF REINTERMENT	
25. SIGNATURE OF REINTERMENT		26. SIGNATURE OF REINTERMENT		27. SIGNATURE OF REINTERMENT	
28. SIGNATURE OF REINTERMENT		29. SIGNATURE OF REINTERMENT		30. SIGNATURE OF REINTERMENT	
31. SIGNATURE OF REINTERMENT		32. SIGNATURE OF REINTERMENT		33. SIGNATURE OF REINTERMENT	
34. SIGNATURE OF REINTERMENT		35. SIGNATURE OF REINTERMENT		36. SIGNATURE OF REINTERMENT	
37. SIGNATURE OF REINTERMENT		38. SIGNATURE OF REINTERMENT		39. SIGNATURE OF REINTERMENT	
40. SIGNATURE OF REINTERMENT		41. SIGNATURE OF REINTERMENT		42. SIGNATURE OF REINTERMENT	
43. SIGNATURE OF REINTERMENT		44. SIGNATURE OF REINTERMENT		45. SIGNATURE OF REINTERMENT	
46. SIGNATURE OF REINTERMENT		47. SIGNATURE OF REINTERMENT		48. SIGNATURE OF REINTERMENT	
49. SIGNATURE OF REINTERMENT		50. SIGNATURE OF REINTERMENT		51. SIGNATURE OF REINTERMENT	
52. SIGNATURE OF REINTERMENT		53. SIGNATURE OF REINTERMENT		54. SIGNATURE OF REINTERMENT	
55. SIGNATURE OF REINTERMENT		56. SIGNATURE OF REINTERMENT		57. SIGNATURE OF REINTERMENT	
58. SIGNATURE OF REINTERMENT		59. SIGNATURE OF REINTERMENT		60. SIGNATURE OF REINTERMENT	
61. SIGNATURE OF REINTERMENT		62. SIGNATURE OF REINTERMENT		63. SIGNATURE OF REINTERMENT	
64. SIGNATURE OF REINTERMENT		65. SIGNATURE OF REINTERMENT		66. SIGNATURE OF REINTERMENT	
67. SIGNATURE OF REINTERMENT		68. SIGNATURE OF REINTERMENT		69. SIGNATURE OF REINTERMENT	
70. SIGNATURE OF REINTERMENT		71. SIGNATURE OF REINTERMENT		72. SIGNATURE OF REINTERMENT	
73. SIGNATURE OF REINTERMENT		74. SIGNATURE OF REINTERMENT		75. SIGNATURE OF REINTERMENT	
76. SIGNATURE OF REINTERMENT		77. SIGNATURE OF REINTERMENT		78. SIGNATURE OF REINTERMENT	
79. SIGNATURE OF REINTERMENT		80. SIGNATURE OF REINTERMENT		81. SIGNATURE OF REINTERMENT	
82. SIGNATURE OF REINTERMENT		83. SIGNATURE OF REINTERMENT		84. SIGNATURE OF REINTERMENT	
85. SIGNATURE OF REINTERMENT		86. SIGNATURE OF REINTERMENT		87. SIGNATURE OF REINTERMENT	
88. SIGNATURE OF REINTERMENT		89. SIGNATURE OF REINTERMENT		90. SIGNATURE OF REINTERMENT	
91. SIGNATURE OF REINTERMENT		92. SIGNATURE OF REINTERMENT		93. SIGNATURE OF REINTERMENT	
94. SIGNATURE OF REINTERMENT		95. SIGNATURE OF REINTERMENT		96. SIGNATURE OF REINTERMENT	
97. SIGNATURE OF REINTERMENT		98. SIGNATURE OF REINTERMENT		99. SIGNATURE OF REINTERMENT	
100. SIGNATURE OF REINTERMENT		101. SIGNATURE OF REINTERMENT		102. SIGNATURE OF REINTERMENT	

11

RECEIVED  
BALTIMORE  
MAY 13 1913  
DEPARTMENT OF HEALTH

FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please explain the certificate, with the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 should be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME  
BM 2/57

3124

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03099

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <b>Caroline</b> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Caroline</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Rural Greensboro</b>	c. LENGTH OF STAY IN 1b <b>78 Yrs.</b>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>X Rural Greensboro</b>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <b>None</b>		d. STREET ADDRESS <b>None</b>	e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Margaret</b> First <b>Lucretia</b> Middle <b>Zacharias</b> Last		4. DATE OF DEATH Month <b>3</b> Day <b>11</b> Year <b>19 60</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-9-1881</b>
9. AGE (In years last birthday) <b>78</b> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Daniel J. Zacharias</b>	
14. MOTHER'S MAIDEN NAME <b>Susan Moyer</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Anna Witten</b> Address <b>Greensboro, Maryland</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio Vascular Renal disease -</b> <b>442x</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Probably Exposure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Several years</b>
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <b>19</b>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> . Inspection <input type="checkbox"/> . Inquiry <input type="checkbox"/> . and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> . Accident <input type="checkbox"/> . Suicide <input type="checkbox"/> . Homicide <input type="checkbox"/> . Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <b>Dawson O. George</b>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <b>Dawson O. George M.D.</b>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
DATE SIGNED <b>3-12-60</b>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	22b. DATE THEREOF <b>3-14-60</b>	22c. NAME OF CEMETERY OR CREMATORY <b>Greensboro</b>	22d. LOCATION (City, town, or county) (State) <b>Greensboro, Maryland</b>
23. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Boula's</b>		ADDRESS <b>Greensboro, Md.</b>	
24a. REC'D BY REGISTRAR <b>MAR 14 '60</b>		24b. REGISTRAR'S SIGNATURE <b>Arthur L. Kraus</b>	

